STATE OF MARYLAND-CERTIFICATE OF DEATH

12518

1	. PLACE OF DEATH	(121)
	County Dorchester WITHIN CORPORATE LIMIT	Registration Dist. No. II6
	Village or City Cambridge, Md.	No. X St Ward
	Length of residence in city or town where death occurred 45 yes mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	. FULL NAME Laura J. Burton.	
F	(a) Residence: No. 202 Muir Street	If U. S. Veteran, specify WARNO
	(a) Residence: No. 2023 MULTI (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Sex 4. color or race 5. single, Married, Widowed, OR Divorced (write the word) Widowed.	21. DATE OF DEATH December 8th 1936 (Month) (Dey) (Yeer)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. H. Burton.	22. HEREBY CERTIFY, That lettended deceesed from
-	DATE OF BIRTH (month, dey, end yeer) 5/I0/I86I	1 lest saw to Dalive ohly Physician Todath Baid
7.	AGE Yeers Months Deys If LESS then I dey,hrs.	to have occurred on the dete steted above, et
	75 6 48 ormin.	The PRINCIPAL CAUSE OF DEATH end related courses of importence were es follows. Oate of onset
NO	8. Trade, profession, or perticuler kind of work done, as SPINNER, House Wife	- mionity runas
OCCUPATION	9. industry or business in which	Alary dellar
CUP	work was done, as SILK MILL, Home	
Ö	10. Oate decessed last worked at this occupation (month and 2/7/36 spent in this 50	-
_	year) occupetion	Other Contributory Canada of importance:
12.	BIRTHPLACE (city or town) Dorchester Co (State or country)	paronic Angles
œ	(State or country) 13. NAME William Davidson.	alsesse
FATHER		Mane Pont
FA	14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Whet test confirmed diagnosis? Wes there an entinger
ER	15. MAIOEN NAME Not Known	Whet test confirmed diagnosis? Wes there an estonay?
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17.	INFORMANT Walter R. Burton. (Address) Cambridge, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, of In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of Injury 120ml
	Place Cambridge, Md. Date 12/10/369	Neture of injury
19	UNDERTAKER Granville S. LeCompte	24. Wes disease or injury in any way related to occupation of deceased?
13.	(Address) Cambridge, Maryland.	If so, specify (1830)
20.	FILED 12-10 136 John mace M.	(Signed) M. D.
	Registrer.	(Address) Cambridas My

IAmpre blanks are needed, address State Begistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
			Cuta of T

1. PLACE OF DEATH		3			1
County Rosens			Registration	Dist. No/	16
Village or City Church	wel,	No.		St.,_	War
Length of rasidence In city or town whara deeth occurred.	1/1/0.4	f death occurred in a hospital or institu sds. How tong in U.S. if			
2. FULL NAME INTERNAL	Canal				
	-/ (If U. S. Veteran,	specify WAR	*************	
(a) Residence: No. (Usual pl	lace of abode)	Ward.	If nonresiden	nt give city or town a	and State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL C		E OF DEATH	
	ARRIED, WIDOWED. RCED (write the word)	21. DATE OF DEATH	12	28	., 193 (
5a. If merried, widowed, or divorcad	The		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREB	Y CERTIF	Y, That I attend	ed dacaasad fro
6. DATE OF BIRTH (month, day, and year) /2/2	+136	I last saw h alive on	nax a	rale 19	: daath is sa
7. AGE Years Months Days	If LESS than I day,hrs.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were as follows:	ed ebova, at	SOPm.	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	4	Mere as follows.			Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, es SILK MILL, SAW MILL, BANK, etc. 1D. Date daceased last worked et this occupation (month end		pour	hud	mone.	
- this occupation (month one	tel time (yaers) apent in this occupation				
12. BIRTHPLACE (city or town). Church (Stata or country)	Cuel	Othar Contributory Causes of Imp	ortanca:		
1 0					
13. NAME 14. BIRTHECACE (city or town) (Stata or country)	Mand	Name of operation	Clim	Date of Was there a	in autopsy?2e
15. MAIDEN NAME Besse C	aufer	23. If death was due to external ca	uses (VIDLENCE)	fill In also the follow	ding:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or counly)	Ceal	Accident, suicide, or homicide?	••••••	Date of injury	, 19
17. INFORMANT Bessie Care (Address)	est mal	Specify whether injury occurred	(Specify city on INDUSTRY, In H	or town, county and S IDME, or in PUBLIC	hate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Church Cice Moete /	2/25/, 193	Manner of injury			
19. UNDERTAKER Zinter Camp (Addrass) Cluby Guis	in/	24. Was diseasa or injury in any v	vey releted to occu	pation of dacaesed?	lo
20. FILED 12/29 , 1936 Julia	Registrat	(Signad) (Address)	a m	- cests	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1937				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARKET	ND—CERTIFICATE OF DEATH 12521
1. PLACE OF DEATH	949
County Declar WITHIN COR	Registration Dist. No.
Village or City	No. St., War
Length of residance in city or town where death occurred oyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs
Longin of residance in city of town where dath occurred	2
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	
OR DIVORCED (write the	
	(Month) (Day) (Yeer)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mana Market	1 HEREBY CERTIFY. That I attanded deceased fro
6. DATE OF BIRTH (month, day, and year)	Mast saw h war alive on wee. 23 1836 death is sa
	S than to have occurred on the date steted above, et 10 2 m
7 / 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada profession or particular	min. were as follows: Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Luciana Fletores Do. se 143
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end spent in this	2
year)occupation	Other Coatributory Causes of importence:
12. BIRTHPLACE (city or town)	110 W
(State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation www. Dete of
(State or country)	What test confirmed diegnosis Lucial Was there an autopsy?
15. MAIDEN NAME Seash	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? 126 Date of injury 19
State or country)	Where did injury occur?
mo no e	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	openi) whether myer) occurred in the country, in nome, or in robert reade.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place making me pale 17/26	Nature of injury
est Pont	maidle of mijery
19. UNDERTAKER (Address)	24. Wes disease or injury In eny way related to occupation of deceased?
(Nouress)	If so, specify The Taw
20. FILED 12-26, 1936 John mare	(Signed) M.
V	Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 188 5 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

d	

OCCUPA-

of

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yeer)

Date of onset

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DI ACE OF DEATH

Med

County Dorches	7	(108)
01	1 0 1	Registration Dist. No. 1/6
Village or City Colour	en torien-	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	re death occurredyrs mo	ds. How long in U. S. if of foreign birth?yrs mos ds
2. FULL NAME dem	is Cooper	
(a) Residence: ND	sch Creck-	St., Ward.
BERGONAL AND CTATIC	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDDWED,	MEDICAL CERTIFICATE OF DEATH
M Blk	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
	2	Lec 12 , 19 6, 10 Dec 17 , 190 6
6. DATE OF BIRTH (month, day, and year)	N-2-1933	I last saw harma alive on Dec (3, 19) 6; death Is said
7. AGE Years Months	Days If LESS than I day, hrs.	to have occurred on the date stated above, atm,
	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	An.	P
SAWYER, BDDKKEEPER, etc. LODIA 9. Industry or business in which		mennona - Lobar Dec 1
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	••••	
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	d	Dther Contributory Causes of importance:
13. NAME Seven 14. BIRTHPLACE (city or town).	Cooper	
14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country)	raa	What test confirmed diagnosis? Climical Was there an autopsy? L
15. MAIDEN NAME Chune	Colles	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Aurice 16. BIRTHPLACE (city or town) (State or country)	Med	Accident, suicide, or homicide?
17. INFORMANT Annie	Cooper	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Church	a Rusk	
18. BURIAL, CREMATION, DR REMOVAY	_, md 12 - 18,1956	Manner of injury
19. UNDERTAKER	H Banyn	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 2-18 , 1936 6	alu mace M	(Signed) Da. A. Mrever M. D
16	Registrar	(Address) Cambridge
IJ mo	te blanks are needed, address State Kegiswar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 0 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		HERENE STEEL S	

BINDING

IARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AN 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SI RIBEAU V. S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12524
1. PLACE OF DEATH	108
County Oachelle WITHIN CORPORA	TE LIMITS OF Registration Dist. No. //6
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
Length of residence were of town where deem occurred	2.
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. JEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
teucle White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased from
8/1/1934	I last saw has elive on Dec J. 19 J. 6; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oeys If LESS then	to have occurred on the date stated above, at 2.45 Am.
2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trede, profession, or perticular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thermong- Lotas Dass
9, Industry or business In which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
this occupation (month end spent in this year)	
Carel & bre	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Rayner Crack	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Provide Dete of
(State or country)	Whet test confirmed diagnosis? Isangol. Wes there an autopsy?
15. MAIDEN NAME Grace Mellar	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAD Star Clemeant	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, COMMATION, OR REMOVAL	Manner of injury
list 0 +	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	(Signed) 10 De Mannes M. D.
20, FILED 12-31, 136 Jahn Mase No.	(Address)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	-----------	------------	----	-----------

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County County	eter	Registration Dist. No.) 1	6
Village or City. Church		No. St., If death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME Maadra (a) Residence: No	death occurred # yts mo	s. How long in U.S. if of foreign birth?	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX M. 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Yeer)
. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. Thet I ettended 22. 1 HEREBY CERTIFY. Thet I ettended	deceased f
DATE OF BIRTH (month, day, and year) AGE Years Months	Days If LESS then 1 day, hrs. or min,	to heve occurred on the dete stated above, at	; deeth is :
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOUKKEPPER, etc	Morre 11. Tolel time (years) spent in this	Iwanitran Stomatitis Ollersting	2 wh
2. BIRTHPLACE (city or town)	occupetion	Other Contributory Causes of importence:	
13. NAME Edward	Elsey		
14. BIRTHPLACE (city or town) (Stete or country)	ma ~	Neme of operation Annual Date of What test confirmed diagnosis? Alamak Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (cily or town) (Stele or country) 7. INFORMANT (Address)	Onlesson Beg	23. If death was due to external causes (VIOLENCE) fill In also the followin Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	g: , 19
B. BURIAL, CREMATION, OR REMOVAL Place Clearly Crest	Date (2/2)/, 1936	Menner of Injury	
UNDERTAKER 2 dw. Sl (Address) lunk	and per	24. Wes disease or injury in eny wey related to occupetion of decessed?	Ro
FILED /2/1/ 1936 /1	himmen	(Signed) Des / Mariner	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but, give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12527
1. PLACE OF DEATH	(86:0)
County / Durchastro	Registration Dist, No. //6
Village or City Cambrelon M	PEN#3
Village of Oily (II	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Transport	If U. S. Veteran, specify WAR
(a) Residence: No. Camb. A. T. D. 1	Stv. Ward.
(Usual place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Pu 27 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended decaesed from
	Nec- 27, 1936, to 19
6. DATE OF BIRTH (month, day, and year) Oct 2/ 1935	I last saw he alive on there , 19 ; daeth is seld
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 7.3.0.0.m.
2 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Super to head fallers out
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceasad lest worked at this occupation (month and	A Bhay 1 12-27-36
work wes done, es SILK MILL, SAW MILL, BANK, etc	Marked trulling 181 00
10. Dete deceasad lest worked at this occupation (month and spent in this	The state of the s
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Combody K. J.D.	Other Contributery Causes of Importance.
(Stata or country)	
13. NAME John Krihus	
13. NAME / Strong Till 14. BIRTHPLACE (city or town).	Neme of operation. Closel Date of
(State or country)	Cleese
15. MAIDEN NAME Elsie Elem.	
	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or hamicide?
Stata or country)	21
61. 61	(Specify city or town, county and State)
17. INFORMANT CARLE CYCY	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	900000111 01
Place Cambridge Not Date Chr 28 1936	Menner of injury The Court of Charges
- A A A A	Nature of injury fractice former
19. UNDERTAKER THANK & . Whorth	24. Was diseese or injury In eny way related to occupation of decaased?
(Address) Cambrelle, hall.	If so, specify
20, FILED 12-28 1936 Value mace N.	(Signed) We lee M. +aw M.D.
Registray.	(Addrass) a Countred wel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	27.3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
JAN 6 100			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH		ILAND—	
County Dorchester			Registration Dist. No. TT6
Village or City Cambridge Length of residence in city or town where		(If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Thos. H	loward Fl	leming.	If U. S. Veteran, specify WARN-
(a) Residence: No. Cambri	dge R. F.	D. Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH December 22nd, 1936 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of Single			22. HEREBY CERTIFY, That I attended deceased from 156 to Sec. 7 2 19 36
6. DATE OF BIRTH (month, day, and yaar)	T/I3/I87	8	Hast say him aliva on Dec 21 , 1936; death is said
7. AGE Years Months 58 II	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at . S A a . M m. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profession, or perticuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	Store 11. Totel ti spar 36 ccc na, Md.		Date of onset Sarcame humenes (Right with pathelogical fractuse bet 2 Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Vie: (State or country)			Name of operation NO perable Deta of Nove Whet test confirmed diagnoses? Church Land Young there an autopsy? M
置 15. MAIDEN NAME Hanna H	icks		23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hanna H 16. BIRTHPLACE (city or town) East (State or country) 17. INFORMANT George R. F.		ket,	Accidant, suicida, or homicida?
(Addrass) Cambridge, 18. BURIAL, CREMATION, OR REMOVAL Place East New Marks	R.F.D.	Md. 12/24/36,	Manner of injury Wowl
19. UNDERTAKER Granville S (Address) Cambridge,	LeComp		24. Was disease or injury in any way related to occupation of deceased? No
20. FILED 12-24 136 A	en ma	eo Ji.	(Signad) William H. D. Aller M. D. (Address) aug. H. D.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

b. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RECO

AGE should be

mation should be carefully supplied.

-WRITE PLAIN

m

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis AN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
The state of the s			
Other contributory causes of importance:	in ethi	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	CE FOR FURTHER STATEMENTS BY PHYSICIAN
---	--

MARGIN RESERVED FOR BINDING

I	STATE OF MARYLAND—	CERTIFICATE OF DEATH	12531
1	L PLACE OF DEATH	97)	
	County Northester	Registration Dist. No. II6	
	Village or City Cambridge	No a stern there State 400 death occurred in a hospital or institution, give its NAME instead of street and	Butway
	Length of residence in city or town where death occurred yrs mos.		
2	2. FULL NAME Somma Goding	If U. S. Veteran, specify WAR	
	(a) Residence: No. Centrevillo	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH Secender 30 Th	, 193 6 (Year)
5 e .	If marriad, widowed, or divorced HUSBAND of (or) WIFE of Games Godwin	22. I HEREBY CERTIFY, That I attended	deceased from
6	DATE OF BIRTH (month day, and year) March 6-1863	last sawh en alive on Dec 30	∼, 19.¥. .; death is sai
	AGE Years Months Days If LESS then	to have occurred on the date stated above, at 7.55 Pm.	, uçatıı 13 381
	73 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:	
Z	8. Trede, profession, or particular // A	ΑΑ	Date of onset
011	kind of work done, as SPINNER, Aduration SAWYER, BOOKKEEPER, etc.	Exchalarteriosclerons	1930
UFA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	0	
OCCUPATION	10. Date deceased last worked et this occupation (month and span in this span in this		~~~~~
	72.	Othar Contributory Causes of importenca:	
12.	BIRTHPLACE (city or town) (Stata or country)		
04 H	13. NAME of A STATE OF THE STAT	7	
AIDER	14. BIRTHPLACE (city or town) - Clarender	Name of operation Oate of	
_	(State or country) Maryland.	What tast confirmed diagnosis? Was there an a	utonev?
MOINER	15. MAIDEN NAME Mary Boldwin Beaches	23. If death was due to external causes (VIOLENCE) fill in also the following	
	16. BIRTHPLACE (city or town) - Pershamora)	Accidant, suicide, or homicide? Oate of injury	
Ε	(State or country) Granulans	Where did injury occur?	
17.	INFORMANT Cartery Share State Hook Vacor	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place ye Mills, Md. Date I/I/37, 19	Neture of Injury	
19.	UNDERTAKER Granville S. LeCompte	24. Was disease or injury in any wey related to occupation of dacaased?	no.
	(Addrass) Cambridge, Md.	If so, specify	
20.	FILEO 12-31 1936 John mace Jr. Registry	(Signed) Carles Japaner	M.
	If more blanks are needed, address State Registrar	2477 N. Charles Street Bellimore Bours 91 S. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 1037	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The Arthur St. Arthur				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foraign birth?_____yrs.___mos. If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) mule (Month) (Day) (Year) 5a. If married, widowed, or divorced 22. I HEREBY CERTIFY. That I attended decaasad from 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above. 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 11. Total tima (years) 10. Date daceased last worked at this occupation (month and spant in this occupation

12. BIRTHPLACE (city or town (State or country)

FATHER 13. NAME

14. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) (State or country)

(Addrass)

(Addrass)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

What test confirmed diagnosis?_ Was there an autopsy?. 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_ Date of injury_____, Where did injury occur?__

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?

If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Name of operation.....

BINDING

RESERVED

ARGIN

THIS

pluods

be carefully

mation should OF very important.

DEATH

AUSE LION

that

classified.

certificate. properly

Jo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	dis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1027	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:	Language (C)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

nfor-	state	JPA-)
N R WRITE PLAIN WITH INFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Every it	SIANS	ement o	1
COMO	PHYSIC	et state	
NT RE	LY.	d. Exa	
RMANE	XACT	classifie	
A PE	ated E	operly	rtificate.
THIS IS	d be st	y be pr	TION is very important. See instructions on back of certificate.
INK	E shoul	at it ma	s on bac
ADING	ed. AG	s, so th	tructions
HINE	suppli	in term	See inst
V WIT	arefully	H in pla	rtant.
N. A. I.	uld be c	DEAT	ry impo
PITE D	ion sho	USE OF	N is ve
W	mat	CAL	TIO
2	•	-	-

STATE OF	MARYL	AND-CERTIFICAT	E OF	DEATH	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12532		
1. PLACE OF DEATH	(1):01		
County Dorchester	Registration Dist. No. 116		
Village or City Cambridge Pt H 1	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. if of loreign birth?yrsmosds.		
2. FULL NAME Wilh Coming. Henry	If II C Materian annaign WAD		
	If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
OR DIVORCED (write the word)	12 23 ,193 6		
5e. If merried, widowed, or divorced	(Month) (Oay) (Yeer)		
HUSBANO of GOT GASTEN HE LINE	22. I HEREBY CERTIFY, Thet I ettended deceased Irom		
6. DATE OF BIRTH (month, dey, end yeer) Jan 1882	i lest saw h_ LA elive on 4.2 20, 19.76 ; deeth is said		
7. AGE Years Months Oays If LESS then	to have occurred on the dete steted ebove, atm.		
54 / 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es lollows:		
8. Trede, profession, or particular	Broudly Jeonmones Albrown		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete deceased lest worked et this occupation (month end			
9. industry or business in which work wes done, as SILK MILL,	V		
SAW MILL, BANK, etc			
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Alle Control Control			
(State or country)			
13. NAME CURRENTERS			
14. BIRTHPLACE (city or town)	Neme of operation Dete of		
(Stete of Country)	Whet test confirmed diagnosis? Was there an eutopsy?		
15. MAIDEN NAME LOUSA PROLLING	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:		
15. MAIOEN NAME LOUIS ARELLE 16. BIRTHPLACE (city or town). Chulche (State or country)	Accident, suicide, or homicide? Date of injury, 19		
X (State or country)	Where did injury occur?		
17. INFORMANT Od Ban Henrisse	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Cambala 18. Burial, CREMATION, OR REMOVAL	Managed in in.		
Plece Chilis In A Cubil De LR 27986	Menner of injury		
9 4 4 2 1	24. Was diseese or injury in any way related to occupation of deceased?		
19. UNOERTAKER (Address) (Address)	If so, specify		
	D//11 Desce 10		

Register.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	920
County Doubleth WITHING	CORPORATE LIMITS OF Registration Dist. No.
Village or City Cambridge, Ind.	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	_mosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Trany Ma 141	If U. S. Veteran, specify WAR
(a) Residence: No. 568 Range	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	
French Wete Mistoria	
HUSBAND of (or) WIFE of	22. I MEREBYCERTIFY. That I attended decreased tro
6. DATE OF BIRTH (month, day, end year)	I lest saw y les alive on Dec 5 th, 19.3 (death is sa
7. AGE Years Months Deys If LESS tha	
56 1 2 9 1 day,	The PRINCIPAL PAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Xenelit 82 13 Ded
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	J. 19
10. Dete deceased last worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
	- Hendalling, 10/3
13. NAME 14. BIRTHPLACE (city or town) Doubleton for several points (State or several points)	Name of operation Date of Date
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME - MARKETTE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury
Stete or country)	Where did injury occur?
17. INFORMANT As: I. Cook.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, M. Date Du 27, 19	Menner of injury A 2000
19. UNDERTAKER Trank & - Rebuilt	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED 12/26, 136 Cahu Breace of Registres	(Signed) M.
	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	falls falls	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 5 1937	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V

item of infor-	should state	of OCCUPA.	
I RECORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—W	mat	CA	TIC

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1)	1	"	di	
1	4	U	U	12	

1. PLACE OF DEATH	(48)
County & orchatic WITH	Registration Dist. No. 116
Village or City Cambady	C No. St., Ward
Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna B.	
(a) Residence: No. 3-p/2 Prach.	orani St., Ward.
(Usual place of ab	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	RS MEDICAL CERTIFICATE OF DEATH
3. SEE 4. COLOR OR RACE OR DIVORCED (W	
5a. If merried, widowad, or divorced HUSBAND of	22. / I HEREBY CERTIFY) That I ettended dacesed from
(or) WIFE of M. a. Hurley	December 1934 to lee J 1936
6. DATE OF BIRTH (month, day, and year) and 16. 15	4 I last saw h 12 alive on Dec. 4 , 1936; death is seice
7. AGE Yeers Months Days	SS then to heve occurred on the date steted above, at 1. 35.2:m.
7210177 lor	min. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence ware as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	Carcenona 1 Utines ?
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this recurrent and the second in the second in	3
10. Dete deceased lest worked et this occupetion (month end spent in	Deveralezed Carenowatous aug
yeer) occupetion	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) Aurilary m	Outer Ceasibatory Causes of Importance.
	Neme of operation 1310 proy 1 where Dete of Jan 36
(Stata or country)	Whet test confirmed diagnosis? Delegary West there an eutopsy? Yo
15. MAIDEN NAME Elizabeth Hu	23. If death wes dua to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Elyabeth Hu 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (Stata or country)	Where did injury occur?
17. INFORMANT M. Q. Husly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL	Manager of influence of a state o
Pleca Cast Aur monket, Date Due	Menner of injury work
19. UNDERTAKER Land E. Albam (Address) Lambale	24. Wes disease or injury in any way related to occupation of deceased?
174	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

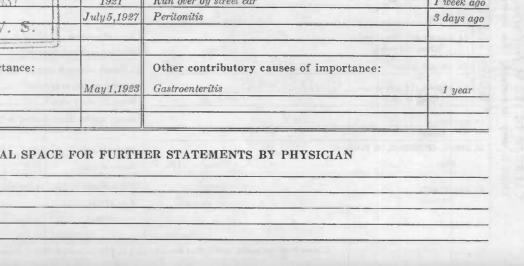
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis N 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



-WRITE

certificate.

See instructions on back

very important.

rion is

OCCUPA.

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH 12535
County Dorchester	7	Registration Dist. No.
Village or City	(No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) S. I.G. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Albert	E. Jones,	If U. S. Veteran, specify WAR
(a) Residence: No. Hurloc	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH December 29", 193 6 (Month) (Dey) (Yeer)
HUSBAND of Katie Virgin 6. DATE OF BIRTH (month, dey, and yeer) Jun		22. I HEREBY CERTIFY. That Lattended deceased from 10. No true 19. to No true 19. I last sew h Association DEAJ 19. ; death is said
7. AGE Years Months 54 6	Days If LESS than I dey,hrs. ormin.	to have occurred on the dete steted above, at 8-30-12. M
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	armer	Died very Suddenly and

Other Contributory Causes of Importance: Dorchester Co. 12. BIRTHPLACE (city or town) (Stete or country) John H. Jones. FATHER 13. NAME Wicomico Co 14. BIRTHPLACE (city or town) ... (State or country) MOTHER lie Frances Neal 15. MAIDEN NAME 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_______ Dete of Injury_______, 19 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. 18. BURIAL, CREMATION, OR REMOVAL ashington Cemetery Neture of Injury____ Hurlock, Md. 24. Wes disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER J.J. Framptom (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

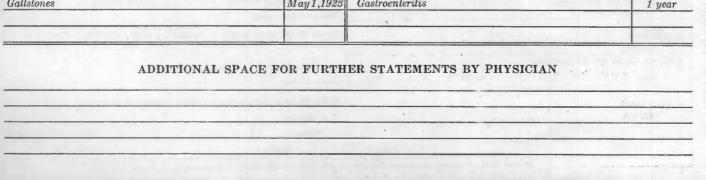
- 8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	JAN 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis .	3 days ago
		r		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			6	
				- Han



1. PLACE OF DEATH	107-02
County Duchester SITHIN CORPORATE	Registration Dist. No. 116
Village or City Cambridge	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth?yrs
2. FILL NAME Ethel. Man Kellen	
	If U. S. Veteran, specify WAR.
(a) Residence: No. / S Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
finale Colored single	(Month) (Oay) (Year)
15 If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Set 22 /935	I last sew h De wholn up and 19 deeth is seid
7. AGE Years Months Days tf LESS than	to have occurred on the date steted above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end retated causes of importance were, as follows:
8 Trade profession or particular	Binchapumona /2-15-3
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	(Gramby)
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	(dead upod amount)
	-
10. Date deceased last worked et this occupation (month and yeer)	
12. BIRTHPLACE (city or town) 2 Dunni Lan	Other Coatributory Causes of importence:
(Stete or country) Cambridge 9hd	•
E 13. NAME David Diggs	
13. NAME David Diggs 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete or country)	What test confirmed diegnosis? History Wes there an autopsy?
15. MAIDEN NAME Laure Kellem	23. tf deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME Laure Kellen 16. BIRTHPLACE (city or town). Characteristics (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Laure Kellen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / 5 - Edgmond are City 18. BURIAL, CREMATION, OR REMOVAL	
Prece Waugh Genetery Dete Dec 29, 1936	Menner of injury
SPM 84 Mais	Nature of injury
19. UNDERTAKER AND	24. Was disease or injury in eny wey releted to occupation of deceased?
7 21 1	(Signed) Carroll MSt Clair M.D.
20. FILED 12-29, 196 John Snace No.	(Address) An Ach A
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
JAN 5 1937					
Other contributory causes of importance: . S.		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastrocnteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

r. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP.	1. PLACE OF PEATH	1 (8)
Plu	County Hoyalessen 63	Registration Dist. No. 116
shour f 0	Village or City Stramps	No. Cambridge - ml - 2 tasp. Ward
t o	Langth of rasidance in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give his NAME instead of street and number)
Sver IAN men	2. FULL NAME Walter Amala	If U. S. Veteran, specify WAR
D. I SIC tate	(a) Residence: No. 149 Washigton	St., Ward.
HY HY t si	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE Color OR DIVORCED (write the word)	21. DATE OF DEATH 26 10, 193 6 (Month) (Oay) (Year)
ANER ACT I ssifted	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. THEREBY CERTY FY. That Jattended deceased from
RM X Cla	1.1/26	Lingt caw h aliva on 10 marks
PE rly rly ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at . 7
IS A PE stated E properly certificate	24 11 25 1day,hrs	The PRINCIPAL CAUSE OF DEATH and the disas of importance were as follows:
7.00	8 Trada profession or particular	Tay du and it and the
HIS be be c of	SAWYER, BOOKKEEPER, etc.	Chept at somey 20%
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	of toth hands De
Shoul it ma	10. Date dacasad last worked at this occupation (month and this occupation (month and spant in this	Died from occidental Corone Desiring as scuffle 1 sel
	yaar) occupation condition	Other Controvery Causes of Importance:
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Willy mol	Latina 7 26
FA] lied. ms, stru	(State of county)	Hidney !
	I	There was no flybroning Villing involved for
'H U y sul ain t	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosts W Was there an autopay of
viring the plant of the plant o	15. MAIDEN NAME Langery Metallils	What test confirmed discrete was the an automy with a start and a
INLY, W) be carefu EATH in important.	16. BIRTHPLACE (city or town)	Accident, sulcide, or homiology.
be certification	(State or country)	Where did injury occur? Ourseled a 23
A DI V	17. INFORMANT Dansy James on (Address) 2 9. 9. 45th Shout Camelle St.	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Der mayof Pace byte
	Place I luys, med Date 12 - 28 , 1956	Nature of injury 170 2 2 2 2 1 days
-WRITI mation CAUSE TION is	19. UNDERTAKER LANGE H. P. CALLERY	24. Was disease or injury in any way related to occupation of deceased?
	(Addrass) C. amblindge med	If so, spacify
70	20. FILEO 12-28, 136 Jahn Grace Me,	(Signed) Lanche M. D.
"(1).	Registraf	(Address And And And Andrews And Andrews Andre
The state of the s	if more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis 1		Attack of epilepsy	1 week ago	
Shrtlis	1921	Run over by street car	1 week ago	
1	July 5,1927	Peritonitis	3 days ago	
37.1. 3 1927				
causes of importance:	4 (ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
JAN 5 1937 ADDITIONAL SPACE FOR V. S.	OR FURTH	ER STATEMENTS BY PHYSICIAN		
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	of death and related causes as follows: Ohntis Causes of importance: ADDITIONAL SPACE F	of death and related causes as follows: 1915 1921 July 5, 1927 causes of importance: Nay 1, 1923 ADDITIONAL SPACE FOR FURTH	of death and related causes as follows: 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: Gastroenteritis 1937 ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

1. PLACE OF	DEATH	ti-		(82-@)	119
County				Registration Dist. No	
Village or City	O de de de	- elle	محدو	No. f death occurred in a hospital or institution, give its NAME instead of str.	St.,War
Langth of reside	nce in city or town where	e death occurred		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAM	Elina	Rath 12	nace		
		1-2-00	`222	If U. S. Veteran, specify WAR	*************
(a) Residence	: No.	(Usual place of ab	ode)	St., Ward. If nonresident give city or to	own and State
PERSONA	L AND STATIS	TICAL PARTICU		MEDICAL CERTIFICATE OF DEA	
3_SEX	COLOR OF, RACE	5. SINGLE, MARRIED	, W100WED,	21. DATE OF DEATH	
Faccula	White	OR DIVORCED (w	rite the word)	December >	, 193
5a. If married, widowed	or divorcad			(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of	lecer	E. mas		22. I HEREBY CERTIFY, That ta	ttanded deceased fro
				2 20 ,1936, to Dec 1	25 , 1936
6. DATE OF BIRTH (m	onth, day, end year)	1882	//	t last sew here elive on Bra 25	1955 ; deeth is se
7. AGE Years	Months		If LESS than	to have occurred on the date stated above, at	-4
5	4 -		day,hrs. min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importan were as follows:	
8. Trada, profasst	on, or particular	- 1	,	Shollety	Oate of onse
	k done, as SPINNER, DOKKEEPER, etc	There !			
≪ I 9. Industry of bu	siness in which one, as SILK MILL, BANK, etc	11-			
	ion (month and 🐣	11. Totet time (years) this		
12. BIRTHPLACE (city	r town)	enice	me	Other Contributory Causes of importance:	acrach
(Stata or countr		*			
13. NAME Q	elea la	leave			
13. NAME	La	levice		Name of generation	
14. BIRTHPLACE (c)		72-12			ate of
	_	* Rakie		What test confirmed diagnosis? Was th	
	0 %	e en eige		23. If death was due to external causes (VIOL ENCE) fill in also the f	
16. BIRTHPLACE (c)		יבנו		Accident, suicide, or homicide? Dete of Injury.	, 19
22	Secon	mare		Whara did injury occur? (Specify city or town, county	and State)
17. INFORMANT (Address)	Cz	les m		Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚB	BLIC PLACE.
18. BURIAL, CREMATIO	N, OR REMOVAL	ma 12/2 3	7 2/	Mannar of injury	
Place		Date 1727	, 1936	Netura of injury	,
19. UNDERTAKER	48.60	pt	_	24. Wes diseasa or injury in eny way related to occupation of deceas	sed? Zes
(Addrass)	Carl Carl	~~~~ ~~		If so, specify	
20 EUEO DIE,	27,1936 2	tilson) 18 F	Lite J. F	(Signad) 0-18. laures	
ZU, FILEU. Z. SZZZZZZZ.	F , 1955	P	Registrar.	(Address) Cambridge	Lees

V. S. No. 1

PHYSICIANS should state

D. Every item of infor-

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT THO MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAI

N. B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis 1AM 5 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
GURFAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
--	------------	----------	-----------	------------	----	----------

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICAT	ΓE	OF	DEATH
-------	----	---------------------	----	----	-------

12539

1. PLACE OF DEATH	82-0
County Doopherler	Registration Dist. No. // 0
1/	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) St., ward If death occurred in a hospital or institution, give its NAME instead of street and number) St., ward
2. FULL NAME James a. Mitche	ll If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Name of the word)	21. DATE OF DEATH Sec 4, 193 4 (Year)
5a. If married, widower or divorced HUSBAND of (or) WIFE of Clember V. Mitchell 6. DATE OF BIRTH (month, day, and year) Agril 20 1852 7. AGE Yeers Months Deys If LESS then	22. HEREBY CERTIFY. That I attended deceased from 1936, to Dece 4, 1936 I last sew h ==== alive on Dece 4, 1936; deeth is seid to heve occurred on the dete stated ebove, at 3.4. m.
83 7 /4 lay,hrs. 8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL Daskat Dactory 10. Date deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) 13. NAME Wilchell 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Pt. 16. Pt.	
(State of Country)	Name of operation Date of Whet test confirmed diagnosts? Wes there an eutopsy?
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or equinty) 17. INFORMANT Clemenie V. Mitchele (Address) RTD Shafurd Del	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Date Date 4, 1984	Menner of injury
19. UNDERTAKER It. D. Starfetony May	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dele 2, 1936 NA. Hastings. Registyler.	(Signed) (Address) Sharptown und,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

Gallstones	BUSEAU V. S.	May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPACE E	OP FURTH	ER STATEMENTS BY PHYSICIAN	
	ADDITIONAL STACE I	on routh.	ER STATEMENTS BY PHYSICIAN	
	ADDITIONAL SI ACE F	ok Fulli	ER STATEMENTS BY PHYSICIAN	

of OCCUPAitem of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE (OF DEA	TH			(131)		
County	Dorc	hester	WITHIT	CORPORATE	IMITS OF	Registration Dist. No. II6)
Village or Length of re	City	Cambride ity or town where d	eath occurred 3.5	(lf	ND. death occurred in a hospital or installed. ds. How long In U.S.	St., stitution, give its NAME instead of street a . if of foreign birth?yrs	Ward number)
2. FULL N	AME E	lizabeth	S. Moo	re.	If U. S. Vetera	an, specify WARNO	
		II9 Rac			St., 4 Ward.	If nonresident give city or town	
PERSO	NAL AN	ID STATISTI	CAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF DEATH	1
s. sex Female		or or race	5. SINGLE, MARE OR DIVORCED Wildowe	(write tha word)	21. DATE OF DEATI	H December 22nd, (Month) (Day)	, 193 <u>6</u> (Year)
5a. If marriad, wide HUSBAND of (or) WtFE of		Wm. H.	Moore.		Dec 5	BY CERTIFY, That I attended, 1936, to 2	2 ,1974
	ears	my, end year) 5/	Days	If LESS than 1 dey,hrs.	The PRINCIPAL CAUSE OF D	stated abova, att 45 Pm Me	4. ; daath Is said
9, Industry of work w	fession, or p work done R, BDOKKE business i ves done, as IILL, BANK,	, as SPINNER, HC EPER, etc. HC n which SILK MILL, atc.	Home	ma (unara)	were as follows: Myo-cardi	al misuffinency	Date of onset
year) _	city or town	orked at onth and 12/15 Neavit		ten this 53	Dther Contributory Causes of i	fferency	unlesso
		re Larri	imore.		Chronic Inte	institual replication	7
H 14. BIRTHPLA		own) Nes				Date of Was there	
15. MAIDEN N	IAME Pr	ances Ho	lland,			I couses (VIOLENCE) fill in also the follo	
17. INFORMANT _] (Address)	or country) fiss C	Rubhy Mo	ore.	[d.	Where did Injury occur?	(Specify city or town, county and of in INDUSTRY, in HOME, or in PUBLIC	State)
18. BURIAL, CREMA		ge, Md.	Date I2/	24/36.	Menner of injury Nature of injury	0	
19. UNDERTAKER (Addrass) 20. FILED 12-	~	ville S.	Md.	te p.	If so, specify	ny wey ralated to occupation of deceased? S. Merculo Sanctered of	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis = 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
STORY WINDS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

0

item of infor-	should state	of OCCUPA-	/
r RECORD. Every	Y. PHYSICIANS	Exact statement	(
A PERMANENT	ted EXACTL	perly classified.	ificate.
INK-THIS IS	E should be sta	t it may be pro	on back of cert
H UNFADING	y supplied. AG	ain terms, so tha	See instructions
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—WI	mat	CAI	TIO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12541
1. PLACE OF DEATH	(20.00)
County Dozchesler	Registration Dist. No
Village or City Valestoure	No. St. Ward
Length of residence in city or town where death occurred / 4 yrs mas	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds,
L. Bin	
2. FULL NAME COU D, Morris	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH S 193(Month) (Day) (Vaer)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, end year) april 28 1863	liast saw harmaliva on See 9 1976 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to hava occurred on the date stated abova, at Lalland.
73 7 29 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
9 Trade profession or particular	Derekal Hemming Pate of one of
Note that the second of the se	
10. Dete dacaasad last worked at this occupation (month end year)	
12 PHPTUDIACE (Alburathous)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Peter Morris	
13. NAME Peter Morris 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Dete of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TInknown	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or lown) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ellis Morris (Address) Section Del R30.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place ordisville Del Data Dec 10, 1936	Manner of injury
19. UNDERTAKER It D. Craveror + Poro (Addrass) Thanktone MA	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED Dec 9, 1936 A L Hastings Registrati	(Signad) I.S. Guelligew. M.D. (Addrass) Mars Fron Wed.
If we block and the Co. D.	N. Cl. L. C P. L. P

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting USS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

austones	May 1,1923	Gastroenteritis	1 year
A	ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		- It ples our products	

STATE OF I	MARYL	AND-CERT	IFICATE	OF	DEAT
------------	-------	----------	---------	----	------

1	10	1	1	0.0
1	2	0	4	2

1. PLACE OF DEATH	f I m.		(34.2)	
County Dorchester	THIN CORP	PATE LIMITS OF	Registration Dist. No.	
Village or City Cambridge	e, Md.,	Hospital	No. death occurred in a hospital or institution, give its NAME instead of stree	St., Ward eet and number) ds.
2. FULL NAME Alberta	Parker		If U. S. Veteran, specify WAR	
(a) Residence: No. Hurlock		R. F. D.		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE Colored	OR DIVORCE	RRIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH Dec., (Month) (Day)	, 193 <u>6</u>
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Edward Parl	cer,		22. HEREBY CERTIFY, That I at Dec. 8th ,1936, to Dec. /	tended deceased from
6. DATE OF BIRTH (month, day, end year)	V	1888	I last saw h. er alive on Pec. 17th ,1	
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:20 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importency were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House W	ork	Pulmonary embolus	12/15
year) DEC. I, 1936		time (years) ent in this Life upation Life	Other Coatributory Causes of importance:	
(State or country) Mary.		Jounty	Fibro-nyomata of uterus	?
13. NAME Isaiah Wil:			Haratanaa tanur	72-/70-/-
(State or country) Mar	chester yland	County	Name of operation Hysterectomy Da Whet test confirmed diagnosis? Clinical Was the	ere an autopsy?
15. MAIDEN NAME Fannie P			23. If death wes due to externel causes (VIOL ENCE) fill in also the fo	ollowing:
15. MAIDEN NAME Fannie P 16. BIRTHPLACE (city or town) Dore (State or country) Nar	chester vland	County	Accident, suicide, or homicide?	
17. INFORMANT Mrs. Carey (Address) Hurlock, Mo	Camper d., R.	F. D.	(Specify city or town, county of Specify whether Injury occurred in INDUSTRY, in HOME, or In PUB	and State)
18. BURIAL, CREMATION, OR REMOVAL Place Salem, 1.d.	Date Dec	. 20 ,19 36	Menner of injury	
19. UNDERTAKER J. J. Fram (Addiess) Federalsbu	ptom & rg, Mar	Son yland	24. Was disease or injury in eny way related to occupation of deceas	sed?10
20. FILED 12/18/36 900	in hu	Registrar.	(Signed) Rambridge, Id.,	M. D.
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

12543 STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residance in city or town where deeth occurred. , How long in U. S. if of foreign birth?_____yrs.____mos.____ds. statement 2. FULL NAME If U. S. Veteran, specify WAR..... (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE MARRIED, WIDOWED, 21. DATE OF DEAT OR DIVORCED (write the word) (Month) classified 5a. If married, widowed, or divorced HUSBANO of BINDIN 22. That Lattendad daseased from (or) WiFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than to have occurred on the date stated above, at/-> 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. were as follows: Oata ol onsat 8. Trada, profession, or particular NO kind of work done, es SPINNER. ARGIN RESERVED SAWYER, BOOKKEEPER, etc OCCUPATI may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked at 11. Total time (years) this occupation (month and spent in this that year) occupation ___ 12. BfRTHPLACE (city or town) ___ (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town)_____ Name of operation. plain (State or country) efully What test confirmed diagnosis? Was thera an autoper? MOTHER 15. MAIDEN NAME 23. If death was due to external payses (VIOLENCE) full in also the followings. in Accident, suicide, or homicide OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ D pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE ponld 17. INFORMANT (Address) LAMA 18. BURIAL, CREMATION, OR EMOVAL Menner of Injury CAUSE mation Nature of injury LION 24. Was diseasa or jojury in way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Regist

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related auses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitics nephrities 1. 1937	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH		119	
County Dorchesley			Dist. No. // 9
Village or City Loddwelle, md	No		St., Ward
	(It death occurred in a	hospital or institution, give its NAN	AE instead of street and number)mosds.
Dag 11. May 4	00.		
2. FULL NAME Mille Mas	ovenson	U. S. Veteran, specify WAR	~~~
(a) Residence: No. doddwelle (Usual place of abode)	Md St.,	Ward.	nl give city or town and State
PERSONAL AND STATISTICAL PARTICULAI	RS M	IEDICAL CERTIFICAT	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIL			
Franco of the OR DIVORCED (write the		Ree	22 ,1936
5e. If married, widowed, or divorced		(Month)	(Day) (Year)
HUSBAND of (or) WIFE of	22.	HEREBY CERTIF	Y, That I attended deceesed from
(a),	Re	2-1 ,1956 , to 1	Bar 2/ , 1936
6. DATE OF BIRTH (month, day, and year) October 19	35 I last saw h	Lalive on Real 2	19.3 death is said
		on the date stated above, at 2.5	D.Am.
147n. 1 day,	The PRINCIPAL were as follows:	CAUSE OF DEATH and releted cau	
8 Trade profession or particular	Enter	ity + Dean	Raca Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	und	Zer & year	12-18 3
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.		<i>U</i>	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years			
this occupation (month and spent in this year) occupation			
7.11.:10.	Other Contribute	ory Causes of Importance:	
12. BIRTHPLACE (city or town)			
13. NAME Toodrow Robenson 14. BIRTHPLACE (city or town) Loddwelle		*************************	
14. BIRTHPLACE (city or town) - And welle	Neme of operation	on	Date of
(State or country)	What test confirm	ned diagnosis?	Was there an autopsy?
15. MAIDEN NAME Leona Jones 16. BIRTHPLACE (city or town) Deals Solan (State or country)	23. If death was de	ue to external causes (VIOLENCE)	fill in also the following:
16. BIRTHPLACE (city or town) Deals Solan	Accident, suicide	, or homicide?	Date of injury, 19
(Stete or country)	Where did injury	occur?(Specify city	or town, county and State)
17. INFORMANT Woodrood Nobers (Address) Ladrelles m. d.	Specify whether	Injury occurred in INDUSTRY, in H	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	************	
Place to adville Date Nec 2	419.3 \(\square of injury.		
19. UNDERTAKER 9, S. Lecomple	24. Was disease o	or injury in any way related to occu	apation of deceesed?
(Address) Cambrelso, V.	If so, specify	0	
12.20 M.O.L. N.D.	(Signed)	y. N. Jacon	м. D.
20. FILED 212, -21, 1936	legistrar. (Add	ress) Comorid	Zan Sind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitiol nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

12546

1. PLACE OF DEATH			(49-1)		
County Dorchester				Registration Dist. No.	II6
Village Dr City Robbins Langth of residence in city or town where			No. death occurred in a horpital or institution, ds. How long in U.S. if of for		
2. FULL NAME Nora E (a) Residence: No. Robb	ins, Md.		lf U. S. Veteran, specSt.,Ward.	cify WAR NO	r town and State
PERSONAL AND STATIST			MEDICAL CER	TIFICATE OF D	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCET	RIED, WIDOWED,		ember 31st	
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Late Jack	Shorter				l attended deceesed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 49 IO	2/I6/I88 Deys I5	If LESS than 1 dey,hrs. ormin,	to have occurred on the data stated eb The PRINCIPAL CAUSE OF DEATH er were as follows:	ove, at 7.35 P.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Home 11. Total ti sper occu	me (yaars) nt in this O pation	Carcenama with mulas the line Dther Contributory Causes of importan	of Rhovo	rug >
13. NAME Sam'l Burton			Neme of operation Lapran	otoms	Date of 10/30/36
(State of country)	yland.		What test confirmed diegnosis?O	revalter Wa	s there an autopsy?
15. MAIDEN NAME Eliza J. Burton. 16. BIRTHPLACE (city or town). (State or country) Maryland.			23. If deeth wes due to external ceus s Accident, suicide, or homicide? Where did injury occur?	Date of inj	ury, 19
17. INFORMANT J. E. Burton. (Address) Robbins, Md.			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,		
18. BURIAL, CREMATION, OR REMOVAL Placa Robbins, Md.	Date I/2	/37 • ,19	Manner of injury		
19. UNDERTAKER Granville (Address) Combridge, 20. FILED !-! 1937.	Md.	ipte	24. Was disease or injury in any way rule if so, specify (Signed)	elated to occupation of de	eceased?

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. z.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the accuration avail the use of each indefinite terms.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis AN 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Il more blanks are needed, address State Resignar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago 18 164 1 3 3 Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



1. PLACE OF DEATH			-	93-0	
County Dorchest	er			Registration Dist. No. II6	
	ridge		(lf	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	ward ward
				7ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Wind	ield P	. Spe	lden.	If U. S. Veteran, specify WAR_NO	
(a) Residence: No. CE	ambridg	e R. I	F.D. Md.	St., Ward. If nonresident give city or town and it.	State
PERSONAL AND S	TATISTICA			MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR	RACE 5.	SINGLE, MAR	RIED. WIDOWED.	21. DATE OF DEATH	
Male White		or divorced	(write the word)	December 17th, (Month)	193.6 (Yaar)
5a. If married, widowed or divorced HUSBAND of Gertie (or) WIFE of	e Lee M	arsha.	11.	22. I HEREBY CERTIFY. That I attended d	lecaased from
6. DATE OF BIRTH (month, day, and	vaar) 4/	10/18	72	December 17 to 1936, to December 17 list saw him alive on December 17 to 1926	; death is said
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 7 • 25 Pm. M.	
64	8	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particula	ar .	·			Date of onset
kind of work done, as SP SAWYER, BODKKEEPER, e	tc. F	armer		Consistive Heart tailure	Dec. 17
9. Industry or businass in which work was done, as SILK N	ill.	D			
SAW MILL, BANK, atc		Dirt		0	
10. Date deceased last worked a this occupation (month any year)	1932	sper	me (yeers) It in this Life pation		-
		1 0000	pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	orcnes	ter Co			10 1
(Stata or country)	on Conna	7	Md.	Chrose Myocarditis	Unkusa
13. NAME Alexande					
	Dorche	ster (Name of operation Data of	
(State or country)	Jane	Snow.	Md.	What test confirmed diegnosis?	utopsy?
15. MAIDEN NAME Marj				23. If death was due to external ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Talbot	Co.		Accident, suicide, or homicide? Date of Injury	, 19
≥ (State or country)		Me		Where did injury occur? (Specify city or town, county and State	3
17. INFORMANT Mr Frede (Address) Can	rick Sabridge	pedder Mds	1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE,
18. BURIAL, CREMATION, DR REMDY		TO	170 170	Manner of Injury	
Placa James, Mc	La	ate	/19/3,690	Neture of Injury	
19. UNDERTAKER Granvi	lle S.	LeCon	pto	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED 12/18 , 1931		lu n	Resistrar.	(Signed) Lida O. meredethe	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

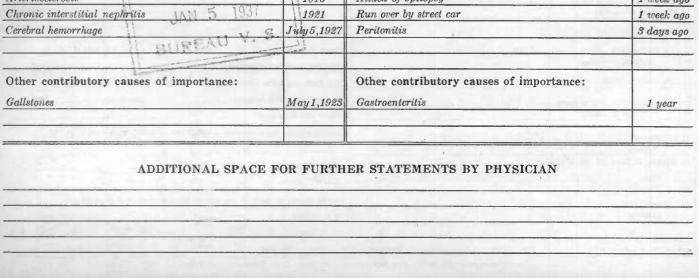
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	73	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAM 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 B ż of OCCUPA-

item of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1254R
1. PLACE OF DEATH	115-6
County Double WITHIN CORPORATI	Registration Dist. No. 1/6
Village or City Cambridge Ind	- No Cambridge 3rd - Hackets Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
4 . 41	ds. How long in U.S. If o Woreign birth?yrs,ds,ds,ds.
2. FULL NAME Vous Momas	If U. S. Veteran, specify WAR.
(a) Residence: No. (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Marke OR DIVORCED (write the word)	Dn 15, 193 6
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Eliva Progressia	22. I HEREBY CERTIFY, That I attended deceased from
2 //1/21/	10 ,1936, to Rec. 14 ,1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw hand alive on 24, 1934; death is said
4, 3 Q I day,hrs.	to have occurred on the date stated above, at. S. Y. Q. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	21-2 - P- Q 8 - RD
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (mosth and	don't her to always 3.19
SAW MILL, BANK, etc.	Taures
tino occupation (magnitude)	
year) occupation coupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Cambridge	
(State or country)	
13. NAME famul Thomas	
14. BIRTHPLACE (city or town) & outhouting Co (Stata or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
the Throngs	(Specify city or town, county and State)
17. INFDRMANT (Address) Annual Company Compan	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Sof Ren Mulet W Date Pul7 , 1936	Nature of Injury
10 HUDGETTANED 18 1 2 albant	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED /2//7 1936 John mon fr	(Signed) b. H. Vacco
20. FILED 1.4 1936 Registrar.	(Address) Eanhily Lee
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

7)	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
-11			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	--------------	------	-----	---------	------------	----	-----------



TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYL	AND-	-CERTIF	CATE	OF	DEATH

1	2	5	4	9
				-

County Or church WITHIN CORPORA	Registration Dist. No. //6
Villege Dr City Cambridge	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MAILY TOMA	Jf U. S. Veteran, specify WAR
(a) Residence: No. O B brugth you	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEC.
5a. If married, widowed, or divorced the black of (or) WIFE of Husband of (or) WIFE of	(Month) (Day) (Yeár) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) LIC 25-1893	I last saw h alive 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Yeers A Months A Deys 2 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2 4m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. A SPINNER SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month end spent in this 20)	Caveinne of onice Court
year) occupation 12. BIRTHPLACE (city or town) occupation (State or country)	Other Contributory Causes of importance:
E 13. NAME Il ant ken an	
13. NAME 2 Court Peru Cu	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? 7
15. MAIDEN NAME Jant, January 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Herry January (Address) Canadan date na	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Contend of Dete Del 18,19	Manner of injury
19. UNDERTAKER Alugh HBangarana (Address) Lander dage mil	24. Was disease or injury in any way related to occupation of deceased? 11 so, specify
20. FILED 12-18, 1956 John maco M. Registrar.	(Signed) Turstell M. D. (Address) Cambridge Mich.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

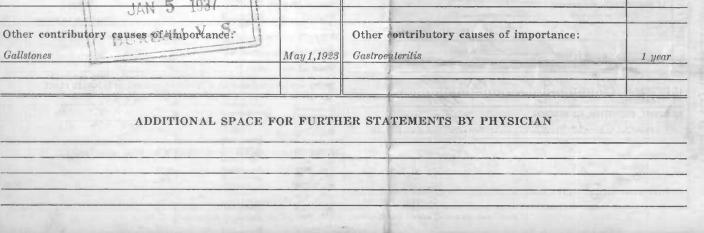
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroepteritis	1 year
			181



TION is very important. See instructions on back of certificate.

-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. Fasterna Share State Host. P. Ward red in a hospital or institution, give its NAME instead of kreet and number) is. How long in U.S. if of foreign birth? mos ds. If U.S. Veteran, specify WAR. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH Occurred Of DEATH I HEREBY CERTIFY, That I ettanded daceased from the dete stated above, et. 9: 45. m. NCIPAL CAUSE OF DEATH and related causes of Importance follows: Date of onest
red in a hospital or institution, give its NAME instead of rect and number) How long in U. S. if of foreign birth?
How long in U. S. if of foreign birth?
If U. S. Veteran, specify WAR Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yeer) I HEREBY CERTIFY, That I ettanded daceased from alive on December 8, 19 35; deeth is said occurred on the dete stated above, et. 9:45; m. NCIPAL CAUSE OF DEATH and related causes of Importance follows: Date of onset
Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yeer) I HEREBY CERTIFY, That I ettanded daceased from 19.32, to December 6, 19.36; deeth is said occurred on the dete stated above, et. 9.45, m. NCIPAL CAUSE OF DEATH and related causes of Importance follows: Date of onset
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yeer) I HEREBY CERTIFY, That I ettanded daceased from the letter of the stated above, et. 9. 19. 36. it deeth is sald accurred on the dete stated above, et. 9. 45. m. NCIPAL CAUSE OF DEATH and related causes of Importance follows:
MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month) (Day) (Yeer) I HEREBY CERTIFY, That I ettanded daceased from 1932, to December 3, 1936; deeth is said occurred on the dete stated above, et 9:452 m. NCIPAL CAUSE OF DEATH and related causes of importance follows: Date of onset
Month) (Day) (Yeer) I HEREBY CERTIFY, That I ettanded daceased from 1932, to December 8, 1936; deeth is sald occurred on the dete stated above, et. 9:457 m, NCIPAL CAUSE OF DEATH and related causes of Importance follows:
I HEREBY CERTIFY. That I ettanded daceased from 15, 19.32, to December 8, 19.36; deeth is said occurred on the dete stated above, et 9:451 m. NCIPAL CAUSE OF DEATH and related causes of Importance follows:
occurred on the dete stated above, et . 1:45 m. NCIPAL CAUSE OF DEATH and related causes of Importance follows: Date of onset
NCIPAL CAUSE OF DEATH and related causes of Importance follows:
NCIPAL CAUSE OF DEATH and related causes of Importance follows:
Senility
ary cause: Arteriorsclorosis.
The factor acoustiff
Occubitors Clares of importance: Occubitors Ulcers lyr
operation
h was due to axternal causes (VIOLENCE) fill In elso tha following:
, suicide, or homicide?
whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
of injury
isaese or injury in eny way releted to occupation of deceasad?
(Address) Costerno Shoe Sta Hope

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. II of loreign birth? ______vrs. ____mos. If U. S. Veteran, specify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 (Month) (Dev) (Year) EBXICERTIFY, That I attended deceased from to heve occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of Importance 23. II death was due to external causes (VIOLENCE) fill in also the following (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

IAmore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. &.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business, which the vork was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	10	5	-	0	y
	2	0	0	500	1

1. PLACE OF DEATH	(131)	
County Doubush	WITHIN CORPORATE LIMITS .	Registration Dist. No.
Village or City Cambridge.		St.,Wa
Length of residence in city or town where death occurred	yrsds. How long in U.S. if of fo	give its NAME instead of street and number) elgn birth?mos
2. FULL NAME famul P	. Withter If U. S. Veteran, sp	cify WAR
(a) Residence: No. 2 7-1 Charles (Usual place) of all	bode) St., Ward.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	ILARS MEDICAL CER	TIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIEI OR DIVORCED (2)	write the word)	7 19 19 193 <u>(Year)</u>
a. If married, widowed, or divorced HUSBAND of (or) WIFE of The street of the street	The 22. I HEREBY (ERTIEY, That I ettended deceesed fr
DATE OF BIRTH (month, day, end yeer) Opin 9, 1	1873 I lest saw have alive on	Jee 19, 19 6; death is s
	If LESS than to heve occurred on the date steted e day,hrs. The PRINCIPAL CAUSE OF DEATH were as follows:	nd related ceuses of Importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Total as follows.	Date of on:
	Menna	Dec 1 J-
work was done as SIIK MIII 1	Irales 1 79	
SAW MILL, BANK, etc. 1D. Dete deceased lest worked et this occupation (month end) 93 4 spent in occupetion occupetion.	this	192
2. BIRTHPLACE (city or town) Capo	Other Contributory Causes of Importa	ce:
(State or country)	- Mome but	relities 190
		- froffixees
14. BIRTHPLACE (city or twn) Oapo (State or country)	Neme of operation	Dete of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		(VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Capo	/ Accident, suicide, or homicide?	Date of injury, 19
(Stete or country)	Where did Injury occur?	
17. INFORMANT Am Willy Mysa (Address)	Specify whether injury occurred in I	(Specify city or town, county and State) DUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Due	Manner of Injury	
19. UNDERTAKER (Address)		eleted to occupetion of deceased? 110
20. FILED /2 /2 0/, 1936 Jahren 2000	If so, specify (Signed) (Registrary (Address)	Jhrunn 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1	1	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis E E E I V E D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

300

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 116 (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.____ds. How long In U.S. if of foreign blrth?______yrs.____mos.____ds. Length of residence in city or town where deeth occurred If U. S. Veteran, specify WAR If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced **HUSBANO** of I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Deys 7. AGE Months If LESS then to heve occurred on the dete stated above, et. 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence or min. Oate of enset 8. Trede, profession, or perticuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... (Vilronse me 10. Dete deceesed lest worked at 11. Totel time (yeers) this occupetion (month end spent in this phritise indunation, two yearse. occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stete or coupty) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Neme of operation. (Stete or country) What test confirmed diagnosis?. MOTHER 23. If deeth wes due to externet ceuses (VIOL ENCE) fill In elso the following: 16, BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, REMATION, OR REMOVA Menner of injury Neture of Injury. 24. Was disease or injury in any way related to occupation of deceased?___ 19. UNOFRTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 16

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

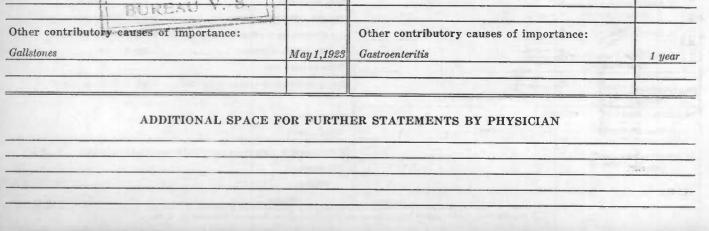
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAI. 5 197	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



N. B.—WRITE PLAIN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

12554

1. PLACE OF DEATH		946			
County Dercheder	within corp	DRATE LIMITS OF	Registration D	ist. No. 16	
Village or City	y me	No.	nstitution, give its NAME.		Ward
Length of residence in city or town where death o		sds. How long In U.S			
2. FULL NAME January	Nelley	If U. S. Veter	an, specify WAR		
(a) Residence: No. Prawtruly	Usual place of abode)	St., Ward.	If nonresident g	ive hity or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
	NGLE, MARRIED, WIDOWED, R. DIVORCED (write the word)	21. DATE OF DEAT	December	- 29	, 193
5e. If merried, widowed or divorced	27		(Month)	(Day)	(Year)
HUSBAND of Bester Heaghe	· Helley	Dec 25	BY CERTIFY	That I attende	d deceased from
6. DATE OF BIRTH (month, dey, and year)	50/1860	I last saw h Assa elive on	Nec	7,1936	2.; death is said
7. AGE Years Months	Day's If LESS than	to have occurred on the dete	stated above, at	C)	
16 1	I dey,hrs	The PRINCIPAL CAUSE OF I	DEATH and related ceuse:	of Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		Membre	0 8/ /4	2	Aer 25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Oist	- merenale		7	793
10. Date decressed lest worked at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ff. Totel time (yeers)				**
Drawt	2.16	Other Contributory Causes of	importance:		Den 28
12. BfRTHPLACE (city or town) (State or country)	me	1 and			DE 20
13. NAME Dead Hee	le.	- man	my composition		7
I R	lenfage	Name of operation	me.	Date of	
f 4. BIRTHPLACE (city or town) (Stete or country)	me	What test confirmed diagnosis	Claural &	Wes there ar	- C 2
15. MAIDEN NAME M. 6. 8	ean	23. If death was due to externa		1	
66. BIRTHPLACE (city or town)	transfor Mrd	Accident, sulcide, or homicide	7 120 D	ate of injury	, 19
State or country)		Where did injury occur?	(Specify gitty or t	own, county and S	
17. INFORMANT Sett Hell (Address) Fler me	4	Specify whether injury occurr	red in INDUSTRY, In HOM	AE, or in PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Da	te 1731 1524	Menner of Injury			
19. UNDERTAKER (Address)	pte me	24. Wes disease or injury In a	ny way releted to occupa	tion of deceased?_	00.
20. FILED 12-31, 36 John	v mace /c.	(Signed) (Address)	- Schne	dee.	m, D

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. Na. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1 SURFERING S. 9			
B. Comments of the comments of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	-------------------	----	-----------



STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEATE
---------------------------------------	-------	----	-------	------	--------	------	----	-------

12555

1. PLACE OF DEATH	7	(5)-as
County	within c	Registration Dist. No.
Village or City	ath occurred vrs 6 mos	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FILL NAMES aniel	9. There	If U. S. Veteran, specify WAR
(a) Residence: No. 118 The	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of . Efficient Section 1.		(Month) (Day) (Year) 22 Auly 10 ,1936, to Dec 25,1936
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 3 6 9	Days If LESS than 1 day,hrs. 0rmin.	I last saw h aliva on 193 ; death is se to have occurred on tha date stated abova, et 193 ; death is se The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and yeer)	11. Total time (yeers) spent in this occupation	Date of onse Deff Kidney
12. BIRTHPLACE (city or town) (State or country)	hily ma	Other Centributory Causes of Importance: - Melastages
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	olley man	Neme of operation Data of Data of What test confirmed diagnosis? Capatonal of Y X Was there en eutopsy?
15. MAIDEN NAME Best 1. 16. BIRTHPLACE (city or town) (State or country)	ling here	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur?
17. INFORMANT My Seath 77 (Address)	liter me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Bate 12/27 196	Manner of injury
19. UNDERTAKER (Address)	of me	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 1 2 - 2 6 , 19 36 Cyo	hu mace of Registrary	(Signed) (Address) Cambridge 1 Md 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1	1	7	6	
	1	1		
1	100	017	1	

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	1255

1. PLACE OF DEATH	(30)			
County Or Chesles WITHINGO	Registration Dist. No. / 16			
Village or City Camenage	No. Campage Mil, thought - fre St., Ward			
Length of residence in city/or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Mr. C. In	mosds. How long In U.S. If of foreign birth?yrsmosds.			
	If U. S. Veteran, specify WAR			
(a) Residence: No. Cauling Mr. (Usual place of abode)				
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED				
male Colod OR DIVORCED (write the word	Nee. 27th 1936			
5e. If married, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of Cor) WIFE of July Johnson	22. WHEREBY CERTIFY, That I attended deceased from			
	1719 ,1936, to 12/27 ,196			
6. DATE OF BIRTH (month, day, and year) True 28 - 1850	I last sew h alive on 12777 , 1936; death is said			
7. AGE Years Months Deys If LESS tha	The state of the s			
44 5 30 1 day,	Mark Se follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onset			
SAWYER, BOOKKEEPER, etc.	acute Diffine rephritis: primary			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	cause, not brown owsor			
10. Date deceased lest worked at 11. Total time (years)	to further information Daseased came to physe			
O 10. Date deceased lest worked at this occupation (month and year) occupation (control this occupation)	1 - siongin a semi-constose conditions			
Doy Co. M.	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town)	wine com			
13. NAME Benjamin Morland	- Ma val suas found from whem physician could			
14. BIRTHPLACE (city or town) Dar. Co. Mr.	get any definite externation and			
[State or country]	Name of operation Date of			
15. MAIDEN NAME Lutan Rang	What test confirmed diagnosis? Wes there an autopsy?			
E 10m C. 100d	23. If death was due to axternal causes (VIOLENCE) fill In also the following:			
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
Atrophy into along has	(Specify city or town, county and State)			
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place all Field Cemetery Data Wec 30th, 192	Nature of injury			
10 HADESTAND IT MS/ Clack	24. Was disease or injury In any way releted to occupation of daceased? 20			
19. UNDERTAKER AND CHIEF Sty Cambridge And	If so, specify			
12-16 3/ 1 50	(Signad) LuSliel MD			
20. FILED 20, 1926 Phys Maco (Register	(Address) Cambridge Int.			
	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitual mephritis E V E V	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

